



STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870
MONTGOMERY, ALABAMA 36104

410-1-7-.13

Forty-Fifth (45th) Day of the Review Period

CERTIFICATION OF RECORD

I HEREBY CERTIFY that the herein materials (*documents, charts, or graphs*) filed of record with the State Health Planning and Development Agency, is a true and correct copy and that the facts are true to the best of the preparer's knowledge, information and belief.

(Signature of affected person)

SWORN to and subscribed before me,
this the _____ day of _____ 20_____.

Notary Public (SEAL)

My Commission Expires _____